

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 575399

1. Entity Name

ENERGY CONTROL CONSULTANTS, INC.



Principal Place of Business

3590 N.W. 54TH STREET
SUITE #1
FT. LAUDERDALE, FL 33309

Mailing Address

3590 N.W. 54TH STREET
SUITE #1
FT. LAUDERDALE, FL 33309

FILED

08 JAN -4 PM 4: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1882822

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COMBS, R. E.
3590 N.W. 54TH STREET, SUITE #1
FORT LAUDERDALE, FL 33309

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *R E Combs*
Richard E. Combs

01/03/2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COMBS, R.E.
STREET ADDRESS 2091 S.W. 52ND WAY
CITY-ST-ZIP PLANTATION, FL

TITLE VD
NAME COMBS, J. L.
STREET ADDRESS 2091 S.W. 52ND WAY
CITY-ST-ZIP PLANTATION, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

000113824540
01/04/08--01039--006 **158.75

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judith L. Combs*
JUDITH L. COMBS

January 3, 2008 (954) 739-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #